



3762 41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Fitz

Serial No. 10/018,615

Art Unit: 3762

Filed: March 11, 2002

Examiner: C. Layno

For: NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

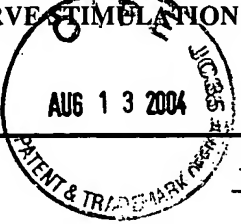
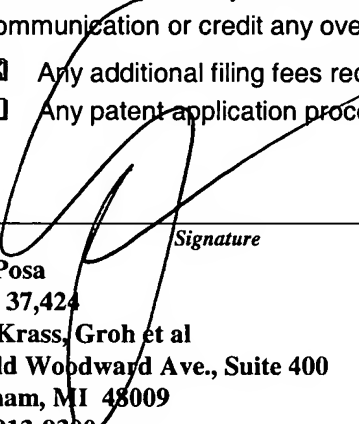

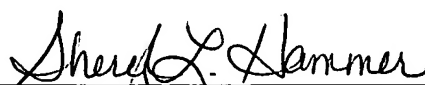
RECEIVED
AUG 17 2004
TECHNOLOGY CENTER 3700

Dear Sir:

In response to the Office Action mailed May 10, 2004, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 280 N. OLD WOODWARD AVENUE, STE. 400, BIRMINGHAM, MICHIGAN 48009-5394 (248) 647-6000

08/13/2004 SSITHIB1 00000113 10018615
02 FC:2201 43.00 OP
03 FC:2202 63.00 OP

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. FIT-10202/29	
Applicant(s): Fitz					
Serial No. 10/018,615	Filing Date March 11, 2002	Examiner C. Layno	Group Art Unit 3762		
Invention: NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF					
 TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	27 =	7 x	\$9.00	\$63.00
INDEP. CLAIMS	6 -	5 =	1 x	\$43.00	\$43.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$106.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input checked="" type="checkbox"/> A check in the amount of \$106.00 to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: August 10, 2004		
John G. Posa Reg. No. 37,424 Gifford, Krass, Groh et al 280 N. Old Woodward Ave., Suite 400 Birmingham, MI 48009 Tel. 734/913-9300					
cc:			I certify that this document and fee is being deposited on August 10, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			 _____ Signature of Person Mailing Correspondence		
			Sheryl L. Hammer _____ Typed or Printed Name of Person Mailing Correspondence		